

# PART I - FACESHEET

## APPLICATION FOR FEDERAL ASSISTANCE

|   |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
|---|--|---|---|--|---|--|--|--|--|---|--|--|--|----------|--------------------------------|-----------|--|--------------|-----------------------|-------------|-----------------|---------------|---------------|-------------------|------------------------|---------------------|------------------------------------|--------------------------|--|
| 2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):   |  | 3. a. DATE RECEIVED BY STATE:   | 1. TYPE OF SUBMISSION:<br>Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
|   |  | 4. a. DATE RECEIVED BY CNCS:  | 3.b. STATE APPLICATION IDENTIFIER:<br><br>4.b. CNCS GRANT NUMBER:   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 5. APPLICANT INFORMATION  |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 5a. LEGAL NAME:<br><br>5b. ORGANIZATIONAL UNIT:<br><br>5c. ADDRESS (give street address, city, county, state and zip code):   |  | 5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):<br><br>NAME:<br><br>TELEPHONE NUMBER: (       )       -<br><br>FAX NUMBER: (       )       -<br><br>INTERNET E-MAIL ADDRESS: |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br><table border="1"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>   |  |   |   |  | - |  |  |  |  |   |  | 7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/><br><table><tr><td>A. State</td><td>H. Independent School District</td></tr><tr><td>B. County</td><td>I. State Controlled Institution of Higher Learning</td></tr><tr><td>C. Municipal</td><td>J. Private University</td></tr><tr><td>D. Township</td><td>K. Indian Tribe</td></tr><tr><td>E. Interstate</td><td>L. Individual</td></tr><tr><td>F. Intermunicipal</td><td>M. Profit Organization</td></tr><tr><td>G. Special District</td><td>N. Private Non-Profit Organization</td></tr><tr><td colspan="2">O. Other (specify) _____</td></tr></table> |  | A. State | H. Independent School District | B. County | I. State Controlled Institution of Higher Learning | C. Municipal | J. Private University | D. Township | K. Indian Tribe | E. Interstate | L. Individual | F. Intermunicipal | M. Profit Organization | G. Special District | N. Private Non-Profit Organization | O. Other (specify) _____ |  |
|   |  |   | -   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| A. State  | H. Independent School District                     |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| B. County   | I. State Controlled Institution of Higher Learning |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| C. Municipal  | J. Private University                              |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| D. Township   | K. Indian Tribe                                    |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| E. Interstate   | L. Individual                                      |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| F. Intermunicipal   | M. Profit Organization                             |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| G. Special District   | N. Private Non-Profit Organization                 |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| O. Other (specify) _____  |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 8. TYPE OF APPLICATION (Check appropriate box):<br><input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE<br><input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT<br>If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/><br><br>A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/><br>C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date)<br>E. OTHER (specify below): <input type="checkbox"/> _____ |  | 7.b. CNCS APPLICANT CHARACTERISTICS<br>Enter appropriate code in each blank: _____, _____, _____, _____, _____  |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br><small>Names of Donors</small>   |  |   |   |  |   |  |  |  |  | 9. NAME OF FEDERAL AGENCY:<br><b>Corporation for National and Community Service</b> |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
|   |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 11. a. TITLE OF APPLICANT'S PROJECT:  |  | 11.b. CNCS PROGRAM INITIATIVE (IF ANY):   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):  |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 13. PROPOSED PROJECT: START DATE: END DATE:   |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>  |  | 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| a. FEDERAL  | \$   | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| b. APPLICANT  | \$   | b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| c. STATE  | \$   | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| d. LOCAL  | \$ N/A   | 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| e. OTHER  | \$ N/A   | <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| f. PROGRAM INCOME   | \$ N/A   |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| g. TOTAL  | \$   |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| 17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.   |  |   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:   |  | b. TITLE:   | c. TELEPHONE NUMBER:  |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |
| d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:  |  | e. DATE SIGNED:   |   |  |   |  |  |  |  |   |  |  |  |          |                                |           |  |              |                       |             |                 |               |               |                   |                        |                     |                                    |                          |  |

Modified Standard Form 424- (Rev.11/02 to conform to the CNCS eGrants system)

## APPENDIX B - Survey on Ensuring Equal Opportunity for Applicants



### SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

*Federal Agency Use Only*

OMB No. 3045-0047 Exp. 3/31/2005

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Does the applicant have 501(c)(3) status?

☐ Yes

☐ No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*

☐ 3 or Fewer

☐ 15-50

☐ 4-5

☐ 51-100

☐ 6-14

☐ over 100

3. What is the size of the applicant's annual budget?

*(Check only one box.)*

☐ Less Than \$150,000

☐ \$150,000 - \$299,999

☐ \$300,000 - \$499,999

☐ \$500,000 - \$999,999

☐ \$1,000,000 - \$4,999,999

☐ \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes

☐ No

5. Is the applicant a non-religious community-based organization?

☐ Yes

☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes

☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local )?

☐ Yes

☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes

☐ No

## Assurances and Certifications

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**ASSURANCE SIGNATURE:**      **NOTE: Sign this form and include in the application.**

**SIGNATURE:**      By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**CERTIFICATION SIGNATURE:**      **NOTE: Sign this form and include in the application.**

**Before you start:** Before completing certification, please read the Certification Instructions.

**SIGNATURE:**      By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- ☐ Certification: Debarment, Suspension and Other Responsibility Matters
- ☐ Certification: Drug-Free Workplace
- ☐ Certification: Lobbying Activities

**Legal Applicant:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SERVICE CODES (OBJECTIVES TAB)

Not all 3-Digit Codes are applicable to all programs and projects. Double-click on the box and click on "checked."

- ☐ Delivery of Health Services
- ☐ Health Education
- ☐ Maternal/Child Health Services
- ☐ Mental Health
- ☐ Congregate Meals
- ☐ Mental Retardation

### HEALTH/NUTRITION

- ☐ Substance Abuse
- ☐ Physical Disabilities Programs
- ☐ In-Home Care
- ☐ Hospice/Terminally Ill
- ☐ Food Distribution/Collection
- ☐ Boarder Babies

- ☐ HIV/AIDS
- ☐ Immunization
- ☐ Other Health/Nutrition
- ☐ CHIPS/SCHIPS
- ☐ Health Screening

- ☐ Pre-Elementary Day Care
- ☐ Elementary Education
- ☐ Secondary Education
- ☐ Special Education
- ☐ Tutoring & Child Literacy – Elementary
- ☐ Tutoring and Child Literacy – Middle School

### EDUCATION

- ☐ Tutoring and Child Literacy – High School
- ☐ Job Preparedness/Vocation Education
- ☐ Library Services
- ☐ Cultural Heritage
- ☐ ESL
- ☐ GED/Dropouts
- ☐ Head Start/School Preparedness

- ☐ Service Learning
- ☐ Adult Education and Literacy
- ☐ Other Education
- ☐ After School Programs
- ☐ America Reads
- ☐ Computer Literacy
- ☐ Youth Leadership/Development

### ENVIRONMENTAL

- ☐ Waste Reduction/Management/Recycling
- ☐ Environmental Awareness
- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Energy Conservation
- ☐ Indoor Environment
- ☐ Toxic Waste Management
- ☐ Wildlife, Land, Vegetation Protection/Restoration
- ☐ Other Environment
- ☐ Community Restoration/Clean Up

### DISASTER

- ☐ Disaster Preparedness
- ☐ Disaster Mitigation
- ☐ Disaster Response
- ☐ Disaster Recovery
- ☐ Other Disaster

### HOMELAND SECURITY

- ☐ Homeland Security-Public Health
- ☐ Homeland Security-Public Safety
- ☐ Homeland Security-Disaster Preparedness/Relief

- ☐ Safety/Fire Prevention/Accident Prevention
- ☐ Adult Offender/Ex-Offender Services/Rehabilitation
- ☐ Child Abuse/Neglect
- ☐ Crime Awareness/Crime Avoidance
- ☐ Victim/Witness Assistance

### PUBLIC SAFETY

- ☐ Community Policing/Community Patrol
- ☐ Conflict Resolution/Mediation
- ☐ Elder Abuse/Neglect
- ☐ Family Violence
- ☐ Improvement of Household Security
- ☐ Neighborhood Watch/Block Watch

- ☐ Sexual Abuse/Rape
- ☐ Children & Youth Safety Programs
- ☐ Juvenile Justice/Delinquency/Gangs
- ☐ Legal Assistance
- ☐ Safe Havens
- ☐ Other Public Safety

### HOUSING

- ☐ Home Management Support/Education
- ☐ Homelessness
- ☐ Housing Referrals/Relocation/Other
- ☐ Housing Rehabilitation/Construction
- ☐ Independent Living-Disabled
- ☐ Independent Living-Seniors
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ Other Housing

### HUMAN NEEDS – GENERAL

- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Mentoring
- ☐ Respite
- ☐ Teen Pregnancy/Parent Support Education
- ☐ Senior Center Program (non-residential)
- ☐ Other Human Needs Services

### COMMUNITY AND ECONOMIC DEVELOPMENT

- ☐ Consumer Education
- ☐ Transportation Services
- ☐ Community Improvement
- ☐ Regional/State/City Planning
- ☐ Social Services Planning/Delivery
- ☐ Community-Based Volunteer Programs
- ☐ Cooperatives/Credit Unions
- ☐ Food Production/Community Gardens/Farming

- ☐ Job Development/Placement
- ☐ Management Consulting
- ☐ Small/Minority Business
- ☐ Tax Counseling/Counseling
- ☐ Thrift Store
- ☐ Microenterprise
- ☐ Technology Access
- ☐ Welfare to Work

- ☐ Other Community Development

# Performance Measurement Worksheet

**Output**--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

**Intermediate-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

**End-outcome**--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

☒ NEEDS AND SERVICE ACTIVITIES ☐ MEMBER DEVELOPMENT ☐ STRENGTHENING COMMUNITIES

☒ 1 ☐ 2 ☐ 3

| Creating Performance Measures   | EXAMPLE: OUTPUT |
|---|-----------------|
| 1. Identify the <b>result</b> you expect to achieve and label as output, intermediate outcome or end outcome.           | <b>OUTPUT:</b>  |
| 2. Describe how you will achieve this result.   |                 |
| 3. What data and instruments will you use to measure the results?   |                 |
| 4. What are the <b>targets</b> that you expect to meet during the three-year grant period?                              |                 |
| 5. Restate the complete performance measure by combining steps 1 and 4 above. This is your <b>performance measure</b> . | <b>OUTPUT:</b>  |
| 6. If you have <b>data for this performance measure from prior years</b> , report it here.                              |                 |

## APPENDIX G - BUDGET WORKSHEET

### Section I. Program Operating Costs

#### A. Personnel Expenses

| Position/Title | Qty | Annual Salary | % Time | Total Amount | CNCS Share | Grantee Share |
|----------------|-----|---------------|--------|--------------|------------|---------------|
|                |     |               |        |              |            |               |
| Totals         |     |               |        |              |            |               |

#### B. Personnel Fringe Benefits

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

#### C.1. Staff Travel

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

#### C. 2. Member Travel

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

#### D. Equipment

| Item/Purpose | Qty | Unit Cost | Total Amount | CNCS Share | Grantee Share |
|--------------|-----|-----------|--------------|------------|---------------|
|              |     |           |              |            |               |
| Totals       |     |           |              |            |               |

#### E. Supplies

| Item   | Calculation | Total Amount | CNCS Share | Grantee Share |
|--------|-------------|--------------|------------|---------------|
|        |             |              |            |               |
| Totals |             |              |            |               |

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**F. Contractual and Consultant Services**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**G.1. Staff Training**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**G.2. Member Training**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**H. Evaluation**

| Purpose | Calculation | Daily Rate | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|------------|--------------|------------|---------------|
|         |             |            |              |            |               |
| Totals  |             |            |              |            |               |

**I. Other Program Operating Costs**

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

## Section II. Member Costs

### A. Living Allowance

| Item                                     | # Mbrs | Allowance Rate | # w/o Allowance | Total Amount | CNCS Share | Grantee Share |
|--|--------|----------------|-----------------|--------------|------------|---------------|
| Full Time (1700 hrs)                     |        |                |                 |              |            |               |
| Half Time (900 hrs)                      |        |                |                 |              |            |               |
| Reduced Half Time (675 hrs)              |        |                |                 |              |            |               |
| Quarter Time (450 hrs)                   |        |                |                 |              |            |               |
| Minimum Time (300 hrs)                   |        |                |                 |              |            |               |
| 2 <sup>nd</sup> Year of 2-Year Half Time |        |                |                 |              |            |               |
| Totals                                   |        |                |                 |              |            |               |

### B. Member Support Costs

| Purpose | Calculation | Total Amount | CNCS Share | Grantee Share |
|---------|-------------|--------------|------------|---------------|
|         |             |              |            |               |
| Totals  |             |              |            |               |

## Section III. Administrative/Indirect Costs

### A. Corporation Fixed Percentage Method

| Purpose                  | Calculation | Total Amount | CNCS Share | Grantee Share |
|--------------------------|-------------|--------------|------------|---------------|
| Corporation Fixed Amount |             |              |            |               |
| Totals                   |             |              |            |               |

### B. Federally Approved Indirect Cost Rate Method

| Cost Type | Basis | Calculation | Rate | Rate Claimed | Total Amount | CNCS Share | Grantee Share |
|-----------|-------|-------------|------|--------------|--------------|------------|---------------|
|           |       |             |      |              |              |            |               |
| Totals    |       |             |      |              |              |            |               |



| BUDGET  |                                      |                              |                    |                             |               |
|---|--------------------------------------|------------------------------|--------------------|-----------------------------|---------------|
| SECTION I: PROGRAM OPERATING COSTS  |                                      | Column 2                     | Column 3           | Column 4                    | Column 5      |
| Column 1  |                                      |                              |                    |                             |               |
| A. Personnel  | Annual Salary                        | % Time Spent on Program      | Total Program Cost | Corporation Funds Requested | Grantee Match |
|   |                                      |                              |                    |                             |               |
| Subtotal - Personnel  |                                      |                              | \$                 | \$                          | \$            |
| B. Benefits (includes FICA, Worker's Comp, Leave, other Fringe, etc.)   |                                      |                              |                    |                             |               |
| C. 1. Staff Travel  |                                      |                              |                    |                             |               |
| C. 2. Member Travel   |                                      |                              |                    |                             |               |
| D. Equipment (not greater than 10% of total CNS budget costs)   |                                      |                              |                    |                             |               |
| E. Supplies (includes Member Service Gear)  |                                      |                              |                    |                             |               |
| F. Contracts & Consultants  |                                      |                              |                    |                             |               |
| G.1. Training – Staff   |                                      |                              |                    |                             |               |
| G.2. Training – Member  |                                      |                              |                    |                             |               |
| H. Evaluation (Consultant daily rate not to exceed CNS maximum \$443/day)   |                                      |                              |                    |                             |               |
| I. Other (includes CNS-sponsored meetings)  |                                      |                              |                    |                             |               |
| (Grantee Funds minimum 33% of total Operating Costs) Subtotal SECTION I.  |                                      |                              | \$                 | \$                          | \$            |
| SECTION II: MEMBER COSTS  |                                      |                              | Column 3           | Column 4                    | Column 5      |
| A. Living Allowance   | No. of Members with Living Allowance | No. without Living Allowance |                    |                             |               |
| 1 year FT 1700 hours  | \$ #                                 | #                            |                    |                             |               |
| 1 year PT 900 hours   | \$ #                                 | #                            |                    |                             |               |
| Expanded PT 675 hours   | \$ #                                 | #                            |                    |                             |               |
| Quarter Time 450 hours  | \$ #                                 | #                            |                    |                             |               |
| Minimum Time 300 hours  | \$ #                                 | #                            |                    |                             |               |
| B. FICA (7.65% of Total Member Living Allowances)   |                                      |                              |                    |                             |               |
| C. Worker's Compensation (or other Death & Dismemberment coverage)  |                                      |                              |                    |                             |               |
| D. Health Care (required for FT Members, optional for PT; must meet CNCS Requirements)  |                                      |                              |                    |                             |               |
| E. Other Member Costs (includes unemployment coverage if required by State law)   |                                      |                              |                    |                             |               |
| Subtotal (add items A through E above, total not to exceed 85% CNS Funds and provide minimum 15% Grantee Funds – Cash Match only)                         |                                      |                              | \$                 | \$                          | \$            |
| Subtotal SECTION II.  |                                      |                              | \$                 | \$                          | \$            |
| SECTION III: ADMINISTRATIVE COSTS   |                                      |                              |                    |                             |               |
| A. Grantee Administrative Costs (CNS Admin not to exceed 5 % of CNS Section I + Section II) (Up to 10% Match allowed without approved Indirect Cost Rate) |                                      |                              |                    |                             |               |
| B. Federally-approved or State-established Indirect Cost Rate   |                                      |                              |                    |                             |               |
| Subtotal SECTION III.   |                                      |                              | \$                 | \$                          | \$            |
| TOTAL PROGRAM OPERATING BUDGET (Sum of SECTIONS I and III)  |                                      |                              |                    | (maximum 67%)               | (minimum 33%) |
| TOTAL BUDGET COSTS  |                                      |                              | \$                 | \$                          | \$            |

Corporation Cost per FTE \$\_\_\_\_\_

